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(Requ	estor's Name))
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COVER LETTER

SUBJECT:	of Millennia LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Ariff Khimani
	Name of Person
	Firm/Company
	4104 Millenia Blvd Suite102
	Address
	Orlando fl 34839
	City/State and Zip Code
	ariff.khimani@gmail.com E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
	- ,
Ariff Khimani	407 694 9938 at ()
	e of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Certificate of Status

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Froyo of Millennia LLC				
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)		
The Articles of Organization for this Limited L Florida document number L14000185149	iability Company we	re filed on 12/3/2014	and assign	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabilit	y company here:		
Millenia Froyo LLC				
The new name must be distinguishable and end with the	words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.	J."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	_			
Enter new mailing address, if applicable:	•	···		
(Mailing address MAY BE A POST OFFICE	BOX)			
	_			
			_2,	
B. If amending the registered agent and registered agent and/or the new registered of		e address on our records, en	1777 years	the new
registered agent and/or the new registered c	ince address nere.		55	
Name of New Registered Agent:	Ariff Khimani	· · · · · · · · · · · · · · · · · · ·	PR 2	trans.
New Registered Office Address:	9066 Harbor Is	sle Dr		- Trans
		Enter Florida street address		-7
	Windermere	Florida	34786 ∿	· ergen [®]

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida 34786 \approx

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sheila Khimani	9066 Harbor isle Dr Windermere fl 3	34786 ■ Add
			Remove
AMBR	Ilyas Khimani	9066 harbor Isle Dr Windermere FI	 3478 □ Add
			□ Remove
			□ Remove
			Add 55
			Remove 11 Section 11 Add
			□ Remove
			□ Add

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Page 3 of 3

Filing Fee: \$25.00

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